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FEDERAL MEDICAL SPENDING FOR FISCAL YEAR 1956

(JULY 1, 1955, TO JUNE 30, 1956)

This is the third annual report on federal health spending prepared by the Washington Office of American Medical Association. It is a factual study based on budgets, appropriation bills, and information obtained directly from government agencies and departments.

The report shows that this year the Department of Health, Education, and Welfare with almost a one-third increase reaches a new high mark in spending for health and medical programs—more than half a billion dollars. Only two other agencies' medical spending is over the half billion figure, Defense Department and Veterans Administration.

Compared with last year, HEW is spending 32 per cent more in the health fields. The increase—\$127,754,900—is explained largely by sharp boosts in funds for Hill-Burton hospital construction, for vocational rehabilitation, for medical research and for the medical care of the indigent, and by a \$30 million appropriation to purchase Salk vaccine and finance inoculation campaigns.

Total federal health spending also will reach a new high of over two and one quarter billion dollars during the current fiscal year, about \$2,268,800,000 a 6.4 per cent increase over last year. Even in a national budget well up in the billions, this figure for federal medical-health spending is not inconsequential. It is about 15 times the amount needed to maintain Congress and the federal courts, 14 times the total budget of the State Department, and four times more than is spent by either the Labor Department or the Post Office Department. Expressed another way, Uncle Sam puts up \$15 of every \$100 spent by the American people (publicly or privately) for health and medical purposes, from purchase of toothpaste to financing cancer research.

In this *special report* we list first the actual appropriations for this year and last year, plus funds carried over, then give a breakdown based on estimates furnished us by the various departments.

MEDICAL-HEALTH BUDGETS OF FEDERAL DEPARTMENTS, AGENCIES AND COMMISSIONS FOR THIS FISCAL YEAR

Agency	Fiscal	1956	Fiscal 1955
Department of Defense			\$844,087,500
Veterans Administration	790,18	85,800	754,819,344
Department of Health, Education			
and Welfare		35,400	399,180,500
Federal Civil Defense Admin	30,4	50,000	28,755,000
Atomic Energy Commission	. 27,70	00,000	26,800,000
International Cooperation	,	,	, ,
Admin	. 25,4	41,000	31,137,900
Department of State	. 13,60	69,790	12,607,667
Department of Labor	7,3	36,000	7,171,857
Federal Employees Health	. ,-	,	,,-
Program	. 6,0	000,000	6,000,000
Department of Interior	5.7	70,000	5,837,909
Panama Canal Zone	. 5,70	02,900	5,800,503
National Science Foundation	. 5.0	000,000	3,600,000
Department of Treasury		90,000	2,770,000
(Continued on		14)	, ,

Federal Medical Spending for Fiscal Year 1956

(Continued from Page 10)

Department of Justice	1,470,000	1,277,362
Federal Trade Commission	1,000,000	1,000,000
Civil Service Commission	382,600	350,000
Department of Commerce	277,586	299,733
National Advisory Committee	ŕ	•
to Selective Service	180,000	147,444
President's Committee for	,	,
Handicapped	130,000	87,653
Health Resources Advisory		,
Committee	101,000	90,000
Totals\$2,	268,826,576	\$2,131,820,372

DEPARTMENT OF DEFENSE (This Year: \$818,104,500-Last Year: \$844,087,500)

*Army	Medical	Services			\$300,000,000
			Last	Year:	\$325,000,000

The decrease of \$25,000,000 (approximately 8 per cent) in Army medical spending for the current fiscal year is attributed to a projected cut of 4,500 medical personnel, both civilian and military. The totals include estimated operating and construction costs for all three services.

*Air Force Medical Services	\$286,000,000
Last Year	\$280,000,000

Air Force expects to spend about \$6,000,000 (approximately 2 per cent) more this year, mostly to support a planned increase of 929 civilian and military medical personnel.

*Naval Medical Services\$232,000,000 Last Year: \$239,000,000

Navy expects to spend about \$7,000,000 (or 3 per cent) less than last year, because of a 1,200 reduction in medical personnel.

Office, Assistant Secretary of Defense

Last Year: \$ 87.500

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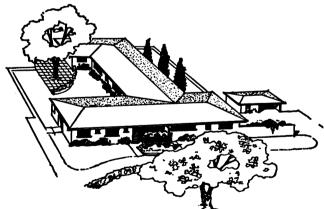
VETERANS ADMINISTRATION (This Year: .\$790,185,800-Last Year: \$754,819,344)

In-Patient Care in VA Hospitals \$615,869,000 Last Year: \$567,974,991

VA's largest single medical appropriation covers in-patient care in 173 VA hospitals and provides for an average of 120,873 beds a day. At present VA reports daily patient load at 106,682, which is just under 90 per cent of capacity. The appropriation includes salaries of physicians and other personnel,

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^{*}Because Defense Department's accounting system does not isolate medical from other spending, this total is a combination of: (a) actual planned spending in a few identifiable categories, like civilian salaries, supplies and equipment, and (b) Department's estimate of the remaining costs. Missing from this estimate is a breakdown showing spending for such services as preventive medicine, education and training, etc. This breakdown was available to us last year only because the Department, at the request of the Hoover Commission, made a special study of its budget, out of which came the separate totals. (Continued on Page 22)

Federal Medical Spending for Fiscal Year 1956

(Continued from Page 14)

medical rehabilitation of veterans, dietetic and nursing services, social services and special services, such as recreation and transportation of veterans.

Last Year: \$83,130,222

The bulk of this appropriation (about \$66,509,000) is for out-patient care in 99 VA clinics. Of the remainder, \$7,861,000 is earmarked for fees to physicians and \$11,100,000 for dentists under the hometown care program.

Modernization and Replacement

Last Year: \$47,000,000

This amount is for work on existing units costing over \$250,000 a project, and equipment for new units. The money is available until expended. It includes \$2,900,000 for technical services in rehabilitating the Downey (Ill.) Hospital.

Domiciliary Care\$23,062,500 Last Year: \$22,279,217

Domiciliary care is being provided in 17 VA facilities for about 17,000 veterans who, while incapacitated for employment, are not in need of full hospital care. VA also makes payments to 32 state homes in 28 states with a daily patient load of around 8,700. Payments this fiscal year are estimated at \$5,569,000 (under Public Law 613, 83rd Congress, federal contributions to these homes were raised from a maximum of \$500 to \$700 a year per patient).

Last Year: \$15,239,143

This appropriation finances an average daily patient load of 3,900 veterans in federal hospitals other than VA and in state and municipal hospitals. Patients in federal non-VA hospitals are estimated at 1,445 and in nonfederal hospitals, 2,455. Psychotic cases make up the largest single category of contract cases.

Medical Administration and Miscellaneous Operating Expenses \$7,422,000 Last Year: \$7,191,771

To operate the VA Department of Medicine and Surgery in the Washington central office and the seven area medical offices; included are salaries, travel and like expenses.

Medical Research \$6,381,600 Last Year: \$5,560,000

For research, mostly in VA hospitals. The breakdown: general medical and surgical, \$2,809,700; atomic medical research, \$1,741,000; prosthetics testing, \$989,600; neuropsychiatric, \$503,000; tuberculosis, \$262,200; other, \$76,100.

Major	Alteration	ons, Improvements	
and	Repairs	-	\$3,900,000
	•		\$3,480,000

For alterations, improvements and repairs to VA clinics and domiciliaries (costing less than \$250,000 per project).

Supply Depot Operations \$1,642,200 Last Year: \$1,654,000

For maintaining and operating supply depots handling the purchase, shipping and storage of supplies and equipment used by the Department of Medicine and Surgery.

Medical Education and Training\$1,200,000 Last Year: \$1,310,000

For VA training programs for physicians and other VA personnel, in medical specialties and auxiliary services.

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE (This Year: \$526,935,400-Last Year: \$399,180,500)

Division of Hospital Facilities \$112,250,000 Last Year: \$ 97,445,000

This division supervises both the regular and expanded Hill-Burton hospital clinic programs. The total appropriation is divided into the following four categories:

Hill-Burton Hospitals Last Year: \$75,000,000

This appropriation, allotted to the states on the basis of population and per capita income, assists in the financing of new hospitals and related health facilities constructed under the regular Hill-Burton program. Since its initiation in 1946, federal funds have partially financed approximately 2,515 projects totaling nearly 119,000 hospital beds, and almost 550 public health centers. The federal share ranges from one-third to two-thirds of the total cost of the project, determined by the state and indirectly by the per capita wealth of each state.

Research (Regular Program) \$1,200,000 (New category)

Authorized in 1949 but not appropriated until this year was this item for research, experiments and demonstrations on utilization of hospital services, facilities and resources. The bulk of the money is earmarked as grants to states, universities and hospitals, and a smaller amount for direct research by Public Health Service.

Medical Facilities (New Program) \$21,000,000 Last Year: \$21,000,000

The total allotted to the states on the populationper capita income formula will assist in the financing of new construction under the 1954 amendments in four categories as follows: \$6,500,000 for hospitals for the chronically ill and impaired; \$6,500,000 for

(Continued on Page 36)

Three-Injection Method to Be Continued for Salk Vaccine

A technical committee on the Salk poliomyelitis vaccine has agreed unanimously, and Department of HEW officials have concurred, that the present system of three injections should be continued. The group rejected a proposal for a single injection to get the limited supply to more children. PHS Surgeon General Scheele summed up for the committee in these words: "Although it is evident that the injection of 1 cc. produces a marked degree of immunity, it was found that there is not enough scientific evidence on the duration of immunity after a single dose to lead to any recommendation for a change in the present dosage."

Accordingly, this remains the procedure: Two injections, with the second following four to six weeks after the initial dose or as soon thereafter as possible; then a booster shot seven months or later after the second injection. Each shot 1 cc.

PHS's Poliomyelitis Surveillance Unit presented figures to the conferees on single injections which purported to show 69% effectiveness in seven reporting states (of 1,490,459 children vaccinated in these states, only 58 had paralytic polio, while of 1,789,651 unvaccinated children, 325 had paralytic polio). The states under study were New York, California, Colorado, Illinois, Maryland, Minnesota and Missouri. Dr. Jonas Salk, developer of the vaccine. demonstrated on the other hand that a second injection followed by the booster markedly increases the degree of immunity. In conclusion the group of experts agreed to stand by the present system because, among other reasons, (1) a higher incidence of polio occurs in lower age groups and efforts should be concentrated there, and (2) difficulties possibly would arise in reeducating physicians and parents on any change.

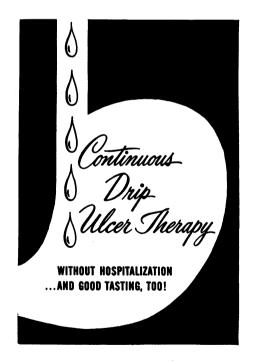
-A.M.A. Washington Letter

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^{*}Steigmann, F., and Goldberg, E.: Ambulatory Continuous Drip Method in the Treatment of Peptic Ulcer, Am. J. Digest. Dis. 22:67 (Mar.) 1955. †Mg trisilicate 3.5 gr.; Ca carbonate 2.0 gr.; Mg oxide 2.0 gr.; Mg carbonate 0.5 gr.

One-Man Hospital Gets Commission Accreditation

Every year the Joint Commission on Accreditation of Hospitals surveys 1.500 hospitals, and over a three-year period it surveys 4,000 institutions. Not until recently has it ever approved a hospital directed and operated by only one physician.

The Maynard MacDougall Memorial Hospital in Nome, Alaska, a 25-bed institution, was given full accreditation by the Joint Commission recently. The hospital is run by the Women's Division of Christian Service of the Board of Missions of the Methodist Church and its medical director and only physician on the staff is Dr. Fred M. Langsan, a general practitioner.

"The hospital," said Dr. Kenneth B. Babcock, commission director, "was surveyed and found to be in excellent maintenance and condition, and clean and sanitary throughout, with a cheerful, friendly atmosphere pervading the entire institution.'

Dr. Langsan often holds consultations with members of a U. S. Air Force hospital which is located nearby. Staff people of the Air Force hospital have flown into Nome to be of assistance at specific times. All x-rays and pathological tissues are sent to Seattle and the reports are sent back air mail.

(Continued on Page 32)



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One-Man Hospital Gets Commission Accreditation

(Continued from Page 28)

In his report, the commission's surveyor said that "the charts containing histories, physicals, and laboratory reports are excellent, and would do credit to any teaching hospital."

Commenting on the fact that this is the first oneman hospital ever accredited by the commission, Dr. Babcock said "it's a wonderful example of a fine job being done by a dedicated general practitioner."

-A.M.A. Secretary's Letter

Carbohydrate-Free Diet Called Impossible

Sugar in concentrated forms should be removed from the diet of a child with severe tooth decay, but other carbohydrates can't and shouldn't be completely removed.

A physician consultant for the Journal of the American Medical Association was answering a physician who had questioned the advice of some dentists that "all sweets . . . including fruits and other naturally occurring sugars," must be eliminated from the diet of caries-susceptible children.

The consultant said in a recent issue of the (Continued on Page 42)



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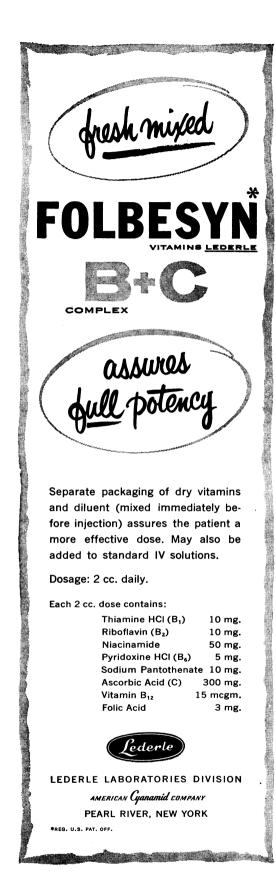
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Federal Medical Spending for Fiscal Year 1956

(Continued from Page 22)

diagnostic centers, or diagnostic and treatment centers; \$4,000,000 for nursing homes; and \$4,000,000 for rehabilitation facilities. As under the original program, the federal share may range from one-third to two-thirds of the total project cost. To aid states in surveying their needs there still remains available about \$1,655,000 of the \$2 million voted last year. To date 35 states have received a total of \$345,000 in survey money.

Hospital Construction Administrative

Expenses \$1,250,000 Last Year: \$1,100,000

This appropriation is used for salaries and expenses for the hospital survey and construction program for Washington, D. C. and nine regional offices at the federal level.

nstitutes is apportioned as

The total for the Institutes is apportioned as follows:

National Cancer Institute\$24,828,000 Last Year: \$21,737,000

About two-thirds of this appropriation is earmarked for grants to individual investigators and private institutions. States receive \$2,250,000 for cancer control work. The balance is used for direct operations, salaries, supplies, and for this Institute's share in the cost of operating the Bethesda (Md.) Clinical Center and related auxiliary services.

Grants to individual investigators and public and private institutions take about two-thirds of the appropriation. The sum of \$1,125,000 is allocated to states engaging in programs of heart disease control. The remainder supports direct operations, such as salaries, supplies, and support of the Clinical Center.

Approximately 60 per cent of this appropriation is apportioned through grants to individual investigators and public and private institutions. The sum of \$3,000,000 is allocated to the states for community mental health services. The remainder will support direct operations, such as salaries, expenses and share of operating the Clinical Center and related auxiliary research services.

Institute of Arthritis &

Last Year: \$ 8,270,000

Grants to public and private investigators total \$5,910,000. The remainder will support direct opera-

Carbohydrate-Free Diet Called Impossible

(Continued from Page 32)

Journal that it is virtually impossible to eliminate completely all carbohydrates from the diet. He said one mother "actually was in tears" after trying to prepare such a meal.

However, he said jams, jellies, candy, heavily sugared beverages, canned (sweetened) fruits, and sweetened pastries should be avoided.

The consultant also pointed out that caries-susceptible individuals should brush their teeth or at least rinse the mouth thoroughly after each meal, because decay occurs during and for about 15 minutes after eating.

Such caries activity is higher among persons who spend more time eating, either by slow eating or frequent between-meal snacks. Food which sticks to the teeth also causes greater activity.

Heredity plays a major role in dental caries, he said, but dietary control is still the only method of controlling the disease.

Such control has resulted in definite reduction of decay in over 80 per cent of caries-susceptible persons, he said.

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Federal Medical Spending for Fiscal Year 1956

(Continued from Page 36)

tions, such as salaries, supplies and Clinical Center support.

Institute for Neurological Diseases

Grants to public and private investigators and institutions total \$6,300,000 or two-thirds. The remainder supports direct operations, such as salaries, supplies and supports the Clinical Center operating costs.

Research grants to public and private investigators amount to the same as last year: \$2,227,000. The remainder partly finances direct research and other related services of the Institute, as well as poliomyelitis and other biologics control activities of the newly created Division of Biologics Standards.

National Institutes of Health—
General Funds\$5,899,000

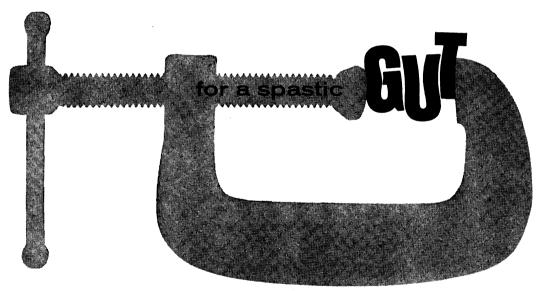
Last Year: \$4,675,000

These funds are administered by the Division of Research Grants of the National Institutes of Health, with approximately 90 per cent being expended in grants. The balance goes toward supporting fellowships and administrative expenses relating to grants.

This appropriation is divided as follows: (a) for research and fellowships, \$521,000; (b) direct research at Bethesda, \$764,000; (c) review and approval of research grants and fellowships, \$12,000; (d) administration, \$69,000; (e) technical assistance to states, \$660,000; and (f) coordination and development of dental resources, \$110,000.

An estimated \$265,000,000, of federal, state and local funds is expected to be paid for medical and health needs of public assistance recipients this fiscal year. The U. S. share of this total is an estimated \$90,000,000.

Under Public Law 568 (83rd Congress) PHS has assumed responsibility for health of American Indians and natives of Alaska which formerly was a (Continued in Back Advertising Section, Page 58)



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Suburban Migration Confuses Record Keepers

The mass movement to suburbia in recent years has produced a lot of frustrating situations for a lot of people, among them the keepers of birth and death statistics.

They no longer are certain just where people live. Because the addresses of suburbanites, living outside the city limits, often carry a city postal zone number and the city name, these persons are mistaken for city residents. This sometimes makes rural and urban death and birth rates inaccurate.

Dr. Halbert L. Dunn, chief of the National Office of Vital Statistics, U. S. Public Health Service, Washington, D. C., said in a recent issue of the *Journal of the American Medical Association*, "Everyone 'knows' that birth rates are higher for rural residents than they are for city people and that death rates are higher for the cities than they are for rural areas."

But with the present suburban address situation, the rates for city dwellers appear higher and those for rural residents lower than they really are.

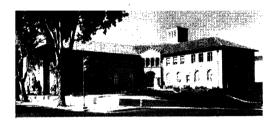
Therefore, the 1956 birth and death certificates are being changed, Dr. Dunn said.

The certificates will carry the following questions: Is place of birth (death) inside city limits? Is residence inside city limits? Is residence on a farm? From the answers the statisticians should be able to decide whether the family lives in the city, on the farm, or somewhere in between.

Consultants Answer Various Queries

Consultants for the Journal of the American Medical Association recently settled a word definition, debunked an idea about penicillin, and gave reassurance about a possible hazard of radio and TV set accidents.

(Continued in Back Advertising Section, Page 62)



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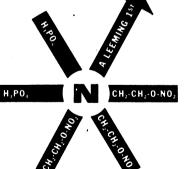
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California M E D I C I N E

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Volume 84

JANUARY 1956 .

Number 1

Current Trends in Cancer Chemotherapy

B. E. HALL, M.D., F. M. WILLETT, M.D., T. V. FEICHTMEIR, M.D., E. B. REED, M.D., and W. F. DOWLING, M.D., San Francisco

CANCER RESEARCH has become a major enterprise, supported in large part by funds from federal and state sources and from private philanthropic organizations. A concerted effort now is being made to coordinate research programs between responsible groups actively working in this field in the hope that cancer control in man can be achieved within the foreseeable future.

Cancer restricted to a local area of the body can be cured by surgical operation or by ionizing radiation, provided dissemination of malignant cells beyond the operative site or the irradiated area has not occurred. Once dissemination has taken place, it has become common practice to attempt to inhibit neoplastic growth by palliative ionizing irradiation or by chemotherapy. It is the latter—cancer chemotherapy—with which this communication is concerned.

On theoretical grounds, the qualifications for the ideal anticancer agent are (1) a substance that can be carried by the bloodstream to malignant cells wherever they may be, and (2) a compound capable of completely destroying all malignant cells without irreversibly damaging normal cells.²² While attainment of such a goal would be highly desirable, in

 Current trends in the search for chemical compounds having an inhibitory action on the growth of malignant cells are reviewed in this article. Several agents are sufficiently promising that clinical trials with them are in progress. One of these, an aromatic nitrogen mustard (C.B. 1348), appears to be useful as an adjunctive therapeutic measure in patients with malignant lymphoma, chronic lymphocytic leukemia, and mycosis fungoides who have become refractory to other methods of treatment. The introduction of certain purine antagonists, of which 6-mercaptopurine has been given the most extensive clinical trial, has opened up a new field of experimental and clinical investigation. 6-mercaptopurine and related compounds appear to be particularly useful in the treatment of acute leukemia in adults, but they are also useful, together with the folic acid antagonists and the steroid hormones, in the management of acute leukemia in children. While at present chemotherapeutic agents currently under investigation rarely cause significant regression of inoperable primary or metastatic solid tumors, the possibility of eventual more effective control in many types of malignant disease is not as dismal as it was a decade ago.

From the Department of Medicine, Stanford University School of Medicine, San Francisco 15, and the Veterans Administration Hospital, San Francisco 21.

Presented before the Section on General Medicine at the 84th Annual Session of the California Medical Association, San Francisco, May 1.4. 1052

A contribution of the Cooperative Cancer Chemotherapy Research Program of the National Institutes of Health, U. S. Public Health Service. This study was supported by research grants from the National Cancer Institute of the National Institutes of Health, U. S. Public Health Service.

the light of present knowledge it appears unlikely that any single agent will be found that will control all forms of cancer. It is becoming increasingly evident that each type of neoplasm possesses its own specific biological and biochemical properties,²⁸ and hence, it seems reasonable to assume that a chemical compound proved to be effective for inhibiting the growth of one form of cancer will not restrict the growth of an unrelated type. This view

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For information on preparation of manuscript, see advertising page 2

DWIGHT L. WILBUR, M.D. Editor
ROBERT F. EDWARDS . . . Assistant to the Editor
Executive Committee—Editorial Board

The Second Hundred

IF, AS IT has been said, "the first hundred years are the hardest," the California Medical Association may look forward to a period of greater relaxation this year.

In March the Association will have completed its first hundred years of existence and will enter its second century of service to the public and the medical profession. It is not amiss to draw a few parallels between 1856 medicine and 1956 medicine.

The earliest beginnings of the C.M.A. came about from a desire to separate the medical sheep from the goats. The unbridled medical schools of the middle nineteenth century were turning out so-called doctors at a rate which was deterred only by the inability of some candidates to pay the proprietary fees asked for the granting of diplomas.

To insure a standard of medical training which would assure the public of a reliable measuring device, some of the early California physicians got together and set up a medical society to which only those whose training was deemed adequate could be elected. This came about before the State of California had taken any action to license physicians under suitable standards.

Out of this early attempt to establish minimum standards came an increased zeal for better medical education. Medical society members achieved a badge of distinction which not only elevated their spirits but gave the people something to cleave to in evaluating the practitioners of the day.

From such humble beginnings has grown the second largest state medical association in the country today. From the scattered efforts of physicians to elevate their own standards, efforts which were fused into a statewide organization when facilities for communication became better, came a large and virile organization which today commands nationwide respect.

Scientifically, California medicine has kept pace with the rest of the nation and the world. It has

witnessed the striking advances which have made the past century the most important in scientific development in the history of the world to date.

Asepsis, antibiotics, hormones, serums, vaccines—each of these fields has been developed during the past century. Each has brought its own contribution to the medical armamentarium; each has helped control or wipe out diseases which formerly were fearsome, if not fatal.

Scarlet fever, diphtheria, measles, whooping cough, typhoid, syphilis and tuberculosis have been reduced to a control level which represents only a fraction of their former devastation.

At the same time, startling increases in morbidity and mortality rates for heart ailments, cancer and other conditions give warning that medicine may not relax in its constant struggle to stay ahead of human suffering. Whether some of these statistical increases come about from a true increase in incidence or from merely better means of diagnosis and identification is, in some cases, a moot question. However, modern diagnosis must be matched by modern therapy if the pattern of improved disease control is to be maintained and extended.

The fairest measure of medical progress in the 1856-1956 century may be found in the tables for average life expectancy. In round figures the average has risen from 40 years to 70.

In medical education, this same period has seen California rise from a position where it was totally dependent on in-migrating physicians from other states to the point where today the state boasts five approved medical schools whose graduates are welcomed throughout the country. Despite the aggregate size of the graduating classes of these schools, California still needs a large annual influx of doctors from other states to keep pace with the expanding general population. This demand seems to balance itself pretty well from year to year; California maintains a steady population-physician ratio of about 750 to 1.

Lest today's physicians assume that all their indi-

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 415th Meeting of the Council, Ambassador Hotel, Los Angeles, November 12, 1955.

The meeting was called to order by Chairman Lum in the Frenchette Room, Ambassador Hotel, Los Angeles, on Saturday, November 12, 1955, at 9:30 a.m.

Roll Call:

Present were President Shipman, President-Elect Charnock, Speaker Doyle, Vice-Speaker Foster, Secretary Daniels, Councilors Lum, Heron, West, Wheeler, Loos, Wadsworth, Harrington, McPharlin, Sherman, Bostick, Teall, Kirchner, Varden, Carey and Rosenow.

Absent for cause, Editor Wilbur and Councilors Pearman and Reynolds.

A quorum present and acting.

Present by invitation during all or a part of the meeting were Messrs. Hunton, Clancy, Thomas and Gillette of C.M.A. staff; legal counsel Hassard; Messrs. Ben H. Read and Eugene Salisbury of the Public Health League of California; Drs. A. E. Larsen and William Gardinier and Messrs. K. L. Hamman, Paolini and Walberg of California Physicians' Service; county society executive secretaries Scheuber of Alameda-Contra Costa, Geisert of Kern, Bannister of Orange, Foster of Sacramento, Nute of San Diego, Neick of San Francisco, Thompson of San Joaquin and Edgar Colvin, assistant executive secretary of Santa Clara; Fred O. Field, legal counsel for Los Angeles County Medical Association; Drs. A. A. Morrison, J. Lafe Ludwig, Thomas LeValley, John DeMint, Joseph F. Sadusk, Wilbur Bailey, J. Norman O'Neill and Clarence D. Newel; Mr. Rollen Waterson.

1. Minutes for Approval:

(a) On motion duly made and seconded, minutes of the 414th meeting of the Council, held August 28, 1955, were approved.

(b) On motion duly made and seconded, minutes of the 252nd meeting of the Executive Committee, held September 14, 1955, were approved.

2. Appointment of Councilor:

Chairman Lum announced that the Delegates from the Sixth Councilor District had selected Dr. Donald C. Harrington of Stockton as their nominee for appointment as Councilor from that district, to succeed the late Henry A. Randel and to serve until the 1956 Annual Session. On motion duly made and seconded, Dr. Harrington was unanimously appointed to this position and was welcomed to the Council by the Chairman and the members.

3. Membership:

- (a) A report of membership as of November 9, 1955, was received and ordered filed.
- (b) On motion duly made and seconded, 94 delinquent members whose dues had been received since September 14, 1955, were voted reinstatement.
- (c) On motion duly made and seconded in each instance, two applicants were voted Retired Membership. These were: Louise G. Frary, Alameda-Contra Costa, Ezra S. Fish, Los Angeles.
- (d) On motion duly made and seconded in each instance, dues reductions were voted for 21 applicants for reasons of postgraduate study or prolonged illness.

SIDNEY J. SHIPMAN, M.D President
DONALD A. CHARNOCK, M.D President-Elect
JAMES C. DOYLE, M.D Speaker
PAUL D. FOSTER, M.D Vice-Speaker
DONALD D. LUM, M.D Council Chairman
ALBERT C. DANIELS, M.D Secretary-Treasurer
IVAN C. HERON, M.D Chairman, Executive Committee
DWIGHT L. WILBUR, M.D Editor
JOHN HUNTON Executive Secretary
General Office, 450 Sutter Street, San Francisco 8
FD CLANCY Director of Public Polations

ED CLANCY Director of Public Relations

Southern California Office:

417 South Hill Street, Los Angeles 13 • Phone MAdison 6-0683

APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the California Medical Association, April 29-May 2, 1956, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, vou will stand a much better chance of securing accommodations of your choice if your request calls for rooms to be occupied by two or more persons. All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.

ALL RESERVATIONS MUST BE RECEIVED BEFORE: APRIL 1, 1956

Eighty-fifth Annual Session CALIFORNIA MEDICAL ASSOCIATION Los Angeles, California APRIL 29-MAY 2, 1956

HOTEL ROOM RATES*

AMBASSADOR HOTEL	Single	Double	Twin Beds	Suites
3400 Wilshire Boulevard				
Main Building	9.00-17.00		12.00-20.00	28.00-36.00
Garden Studios	15.00-21.00	•	22.00-26.00	38.00-48.00
CHAPMAN PARK HOTEL				
3405 Wilshire Boulevard	•		12.00	20.00-25.00
THE GAYLORD HOTEL				
3355 Wilshire Boulevard	7.00-9.00	9.50-11.50	9.50-11.00	22.00-27.00
HOTEL CHANCELLOR				
3191 West Seventh Street	6.00-8.00	9.00-10.00	10.00-12.00	17.00-22.00
MAYAN HOTEL				
3049 West Eighth Street	4.50-6.00	5.00-7.00	7.50-10.00	••••••

*The above quoted rates are existing rates but are subject to any change which may be made in the future.

Please reserve the following accommodpril 29-May 2, 1956.	odations for the 85th Annual Session	of the California Medical Association, in Los Angeles
Single Room \$	Double Bedded Room \$	Twin Bedded Room \$
Small Suite \$	Large Suite \$	Other Type of Room \$
First Choice Hotel	Second Choice Hotel	
ARRIVING AT HOTEL (date)	Hour:A.M.	
		•
THE NAME OF EACH HOTEL GUES twin bedded room requested. Names rooms asked for:	T MUST BE LISTED. Therefore, pleases and addresses of all persons for wh	include the names of both persons for each double room or om you are requesting reservations and who will occupy the
THE NAME OF EACH HOTEL GUES twin bedded room requested. Name rooms asked for:	T MUST BE LISTED. Therefore, pleases and addresses of all persons for wh	include the names of both persons for each double room or
THE NAME OF EACH HOTEL GUES twin bedded room requested. Name rooms asked for:	T MUST BE LISTED. Therefore, pleases and addresses of all persons for when the state of the stat	include the names of both persons for each double room or om you are requesting reservations and who will occupy the

Federal Medical Spending for Fiscal Year 1956

(Continued from Front Advertising Section, Page 46)

function of Interior Department. The total is broken down as follows: hospital care in Indian hospitals, \$19,090,000; contract patient care, \$8,113,000; field health services, \$4,490,000; program direction and management services, \$1,897,000; survey of needs, \$250,000; construction of hospitals, clinics and quarters, \$5,000,000.

Under the expended vocational rehabilitation act (Public Law 565, 83rd Congress) Congress this year voted \$33,750,000 for grants to states. This is divided as follows: (a) support of basic rehabilitation services including medical examinations, surgical and therapeutic treatment, hospitalization, prostheses, occupational tools and aids, vending stands, rehabilitation facilities, vocational training and funds for maintenance (based on per capita income and populations as in Hill-Burton) \$30,000,000; (b) extension and improvement of state programs, \$1,500,000; (c) special projects (2-1 federal-state matching), \$2,250,000. In addition, \$2,075,000 is available for training of rehabilitation personnel, including physicians, therapists, psychologists, counselors,

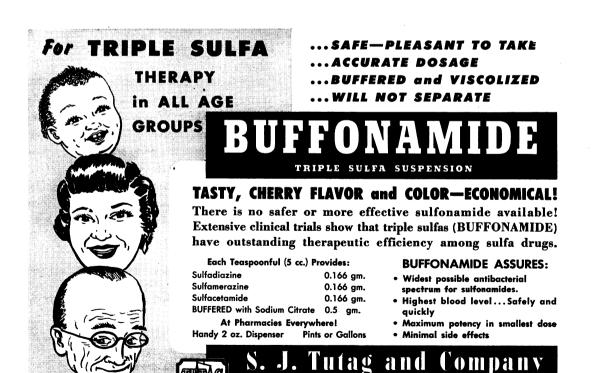
medical and psychiatric social workers (\$500,000 of which is on a 2-1 federal-state matching basis and \$400,000 on no prescribed matching basis) and \$1,000,000 for federal administrative costs.

These funds are used for operational cost and maintenance of PHS hospitals and health services in caring for American seamen, Coast Guard and Public Health Service personnel and their dependents, federal employees injured at work, leprosy patients and narcotic addicts; includes studies in the development and coordination of nursing resources. It also includes \$1,000,000 for grants to Hawaii for care of patients suffering from leprosy.

Operating under the Social Security Administration, the Children's Bureau administers grants to states for maternal and child health, crippled children's and child welfare services. This year grant money totals \$34,156,000 divided as follows: \$11,927,700 for maternal and child health work, with the states required to spend 50 cents for each federal dollar; \$15,000,000 for crippled children's services, same matching requirement; and \$7,228,900 for child welfare services, where the only matching re-

(Continued on Page 66)

19180 Mt. Elliott Avenue • Detroit 34, Michigan



Consultants Answer Various Queries

(Continued from Front Advertising Section, Page 50)

There is probably little or no danger from the breakage of a selenium rectifier, a device used in television sets and radios. The rectifier contains the chemical element selenium, the fumes of which can be dangerous in large doses. But the objectionable odor, ordinary home ventilation, and the brief exposure periods all help to lessen the danger from the accidental burning out of selenium rectifiers in home radio and TV sets, he said.

One consultant, in explaining the proper usage of the word "clinic," said it sometimes applies to free dispensaries and sometimes to a teaching session in which patients are used. But it most commonly means the "pooled efforts and facilities of several physicians practicing together as a group."

The penicillin now being processed is not made from mold derived from the original one of Dr. Alexander Fleming, penicillin's discoverer.

The original penicillin was derived from one strain of the mold, but other strains now are being used because they give a higher yield of penicillin. Experimental work is being carried on to isolate and develop new strains that will produce still higher vields.

THE NEW YORK POLYCLINIC

MEDICAL SCHOOL AND HOSPITAL

(Organized 1881 • The Pioneer Post-Graduate Medical Institution in America)

EYE, EAR, NOSE AND THROAT

A three months combined full time refresher course consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear nose and throat on the cadaver; clinical and cadaver demonstrations in bronchoscopy, laryngeal surgery and surgery for facial palsy; refraction; radiology; pathology, bacteriology and embryology; physiology; neuro-anatomy; anesthesiology; physical medicine; allergy, as applied to clinical practice. Examination of patients preoperatively and follow-up postoperatively in the wards and clinics. Attendance at departmental and general conferences.

PRACTICAL ELECTROCARDIOGRAPHY

A two weeks part time elementary course for the practitioner based upon an understanding of electrophysiologic principles. Standard, unipolar and precordial electrocardiography of the normal heart. Bundle branch block, ventricular hypertrophy, and myocardial infarction considered from clinical as well as electrocardiographic viewpoints. Diagnosis of arrhythmias of clinical significance will be emphasized. Attendance at, and participation in, sessions of actual reading of routine hospital electrocardio-

FOR INFORMATION ABOUT THESE ADDRESS: THE DEAN, 345 West 50th Street, New York 19, New York



Federal Medical Spending for Fiscal Year 1956

(Continued from Page 58)

quirement is that states must supply some money. In addition the Children's Bureau has \$1,640,000 to finance investigating and reporting activities and to administer the grants.

Poliomyelitis Vaccine Program \$30,000,000 (New category)

Under Public Law 377 approved by Congress this year, a total of \$30,000,000 is available to states on an outright grants basis for helping set up programs for vaccination of children under 20 and pregnant women against poliomyelitis. The sum of \$25,000,000 is earmarked for purchase of vaccine and \$5,000,000 for planning and conducting vaccination services or for buying vaccine.

Assistance to States—General \$18,160,000 Last Year: \$13,000,000

Grants totaling \$14,225,000 will be available for apportionment to the states in support of state and local general public health activities. Of this total, \$4,500,000 is for assistance to states in administering polio vaccine programs. These grants must be matched one state dollar for every two federal dol-(Continued on Page 70)

THE POTTENGER SANATORIUM and CLINIC

For Diseases of the Chest

Monrovia, California

AN INSTITUTION FOR DIAGNOSIS AND THERAPY (Established 1903)

CHOICE ROOMS and BUNGALOWS. Rates moderate and include routine medical and nursing services, interim physical, x-ray and laboratory examination, ordinary medicines and treatments.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Twenty-four hour medical and nursing care.

For particulars address:

600 North Canyon Blvd., Monrovia, California

Elliott 8-4545



RICHARD A. CARTER, M.D., Director

General Conditions. Nervous Disorders

ACUTE • CHRONIC • CUSTODIAL

Outstandingly Beautiful Gardens and Appointments

Established 1940

• 10471 Garden Grove Boulevard Garden Grove, California 25 MINUTES FROM LOS ANGELES

COOK COUNTY

Graduate School of Medicine INTENSIVE POSTGRADUATE COURSES

STARTING DATES-WINTER-SPRING, 1956

SURGERY-Surgical Technic, Two Weeks, February 6, Feb-

JRGRRY—Surgical Technic, Two Weeks, February 6, February 20.

Surgical Anatomy & Clinical Surgery, Two Weeks, March 5.

Surgery of Colon and Rectum, One Week, February 27,

April 9.

General Surgery, One Week, February 13, Two Weeks,

April 23.

Basic Principles in General Surgery, Two Weeks, April 9.

Gallbladder Surgery, Ten Hours, April 9.

Fractures and Traumatic Surgery, Two Weeks, March 12.

GYNECOLOGY — Office and Operative Gynecology, Two Weeks, February 13, March 12. Vaginal Approach to Pelvic Surgery, One Week, February 6, March 5.

OBSTETRICS—General and Surgical Obstetrics, Two Weeks, February 27, March 26.

MEDICINE—Internal Medicine, Two Weeks, May 7.
Electrocardiography and Heart Disease, Two-Week Basic Course, March 12.
Gastroscopy, Forty-Hour Course, March 19.
Dermatology, Two Weeks, May 7.

Dermatology, Two Weeks, May 7.

RADIOLOGY—Diagnostic X-Ray, Two Weeks, February 6, April 30.

Clinical Uses of Radioactive Iodine, One Week, April 2.

Clinical Uses of Radioisotopes, Two Weeks, May 7.

PEDIATRICS—Intensive Review Course, Two Weeks, May 14.

Neurological Diseases: Cerebral Palsy, Two Weeks, June 18.

UROLOGY—Two-Week Course, April 16.

Cystoscopy, Ten Days, by appointment.

TEACHING FACULTY-ATTENDING STAFF OF COOK COUNTY HOSPITAL

Address: REGISTRAR, 707 South Wood Street. Chicago 12, Illinois

APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the California Medical Association, April 29-May 2, 1956, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, you will stand a much better chance of securing accommodations of your choice if your request calls for rooms to be occupied by two or more persons. All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure: also names and addresses of all occupants of hotel rooms must be included.

ALL RESERVATIONS MUST BE RECEIVED BEFORE: APRIL 1, 1956

Eighty-fifth Annual Session CALIFORNIA MEDICAL ASSOCIATION Los Angeles, California APRIL 29—MAY 2, 1956

HOTEL ROOM RATES*

AMBASSADOR HOTEL	Single	Double	Twin Beds	Suites
3400 Wilshire Boulevard				
Main Building	9.00-17.00		12.00-20.00	28.00-36.00
Garden Studios			22.00-26.00	38.00-48.00
CHAPMAN PARK HOTEL				
3405 Wilshire Boulevard			12.00	20.00-25.00
THE GAYLORD HOTEL				
3355 Wilshire Boulevard	7.00-9.00	9.50-11.50	9.50-11.00	22.00-27.00
HOTEL CHANCELLOR				
3191 West Seventh Street	6.00-8.00	9.00-10.00	10.00-12.00	17.00-22.00
MAYAN HOTEL				
3049 West Eighth Street	4.50-6.00	5.00-7.00	7.50-10.00	
JOTA TOOL EIGHIN SHEET		5.55-7.66		

*The above quoted rates are existing rates but are subject to any change which may be made in the future.

	Hour:A.M	
	Second Choice Hotel	
Small Suite \$	Large Suite \$	Other Type of Room \$
April 29-May 2, 1956.		F the California Medical Association, in Los Angeles, Twin Bedded Room \$

Federal Medical Spending for Fiscal Year 1956

(Continued from Page 66)

lars. An additional \$3,935,000 supports direct activities of the U. S. Public Health Service in providing technical assistance, consulting services to states, expenses of the National Office of Vital Statistics, international health activities, demonstrations, training activities, and operational expenses.

Food and Drug Administration \$6,266,000 Last Year: \$5,202,000

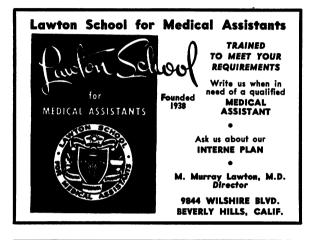
For administering the Federal Food, Drug and Cosmetic Act, Congress voted \$6,266,000, includ-

ing a \$309,000 item for policing the distribution of the Salk polio vaccine during this fiscal year.

Grants to states for diagnostic and treatment clinics, mass case-finding, and follow-up services account for \$4,500,000, all of which has to be matched equally by the states.

The entire appropriation is used for direct activity of the PHS Communicable Disease Center at

(Continued on Page 74)



Compton Sanitarium

820 WEST COMPTON BOULEVARD COMPTON, CALIFORNIA

NE 6-1185 NE 1-1148
Consultation Service for the Beverly Hills
Area CR 5-2335

G. Creswell Burns, M.D. Medical Director

Helen Rislow Burns, M.D. Assistant Medical Director Max Hayman, M.D. Clinical Director HIGH STANDARDS OF **Psychiatric Treatment** Accredited by Joint

Accredited by Joint Commission on Accreditation of Hospitals

Doctor

When you peruse the advertising pages of California Medicine remember this: All advertising is carefully screened by the advertising committee of California Medicine. Our standards are of the highest. The advertisers like our publication—that is why they selected it for use in their promotional programs. They seek your patronage and your response encourages continued use of California Medicine. In turn, the advertisers' patronage helps us to produce our journal. When you send inquiries tell them that you read their advertisement in

California Medicine

Federal Medical Spending for Fiscal Year 1956

(Continued from Page 70)

Atlanta, Ga., and its affiliated operations, including \$850,000 for work in poliomyelitis. It carries on studies in epidemiology, furnishes laboratory diagnostic services and sponsors special projects to assist states.

Four programs are supported by this appropriation: (a) water supply and water pollution control

through several river basin offices that work with state and interstate agency officials, \$1,160,500 (b) study of effect of radioactive substances on individuals partially in cooperation with the Atomic Energy Commission, \$275,000; (c) general sanitation, consultant services with states on milk and restaurant inspection, garbage disposal, food handling by interstate carriers, etc., \$799,000; and (d) environmental research activities of Cincinnati office including air pollution work, \$2,373,000. Another \$82,500 is for administration.

Venereal Disease Control \$3,500,000

Last Year: \$3,000,000

(Continued on Page 84)



ALUM ROCK SANATORIUM SAN JOSE, CALIFORNIA

Telephone Clayburn 8-4921

A NON-PROFIT HOSPITAL FOR THE TREATMENT OF TUBERCULOSIS AND CHRONIC PULMONARY DISEASES

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MEDICAL DIRECTOR Buford H. Wardrip, M.D.

ASSOC. MEDICAL DIRECTOR C. Gerald Scarborough, M.D.

1956

ANNUAL SESSION

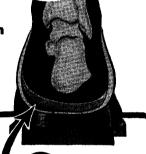
April 29-May 2, 1956

AMBASSADOR HOTEL

LOS ANGELES

Plan now to attend

Foot-so-Port
Shoe Construction
and its Relation
to Weight
Distribution



- Insole extension and wedge at inner corner of heel where support is most needed.
- Special Supreme rubber heels are longer than most anatomic heels and maintain the appearance of normal shoes.
- The patented arch support construction is guaranteed not to break down.
- Innersoles are guaranteed not to crack, curl, or collapse. Insulated by a special layer of Texon which also cushions firmly and uniformly.
- Foot-so-Port lasts were designed and the shoe construction engineered with orthopedic advice.
- NOW AVAILABLE! Men's conductive shoes. N.B.F.U. specifications. For surgeons and operating room personnel.
- By a special process, using plastic positive casts of feet, we make more custom shoes for polio, club feet and all types of abnormal feet than any other manufacturer.

Write for details or contact your local FOOT-SO-PORT Shoe Agency. Refer to your Classified Directory

Foot-so-Port Shoe Company, Oconomowoc, Wis.

Federal Medical Spending for Fiscal Year 1956

(Continued from Page 84)

Far East, \$800,000 for Latin America and \$500. 000 for the Near East, South Asia and Africa.

DEPARTMENT OF STATE

(This Year: \$13,669,790—Last Year: \$12,607,667)

United Nations Children's Fund \$9,000,000

Last Year: \$8,300,000

The U.S. share of the Fund, formerly known as the International Children's Emergency Fund, is \$9,000,000, or about 60 per cent of anticipated contributions coming from some 65 countries. The Fund in 1954 treated 1,500,000 children for yaws and vaccinated 13,000,000 against tuberculosis. Currently the Fund is aiding about 250 health and medical projects for children in 92 countries and territories.

World Health Organization \$3,349,790

Last Year: \$2,987,667

For the first time since 1950, U. S. share of WHO's total budget has gone above \$3,000,000. Late in the first session of the 84th Congress, the Mutual Security Act was amended to remove the statutory ceiling of \$3,000,000. Congress at the same

(Continued on Page 92)

LEXANDER

CORPORATED

LOCATED IN THE FOOTHILLS OF BELMONT, CALIFORNIA

Address Correspondence:

MRS. ANNETTE ALEXANDER, President

Alexander Sanitarium

Belmont, Calif.

LYtell 3-2143

The Alexander Sanitarium is a neuropsychiatric open hospital for treatment of emotional states. Treatment consists of electric shock, hydrotherapy, insulin shock-therapy, psychotherapy and occupational therapy. Conditioned reflex treatment for alcoholism.

Occupational facilities consist of special occupational therapy room, tennis court, billiards, badminton court, table tennis and completely enclosed, heated, full-size swimming pool.

Six Psychiatrists in Attendance:

JOHN ALDEN, M.D. Chief of Staff

HENDRIE GARTSHORE, M.D.

Asst. Chief of Staff

P. P. POLIAK, M.D. Asst. Chief of Staff ROSS HENDRICKS, M.D. Staff Physician

GEORGE KOWALSKI, M.D.

Staff Physician

ALLAN LEVY, M.D. Staff Physician

A patient accepted for treatment may remain under the supervision of his own physician if he so desires.



"THANK YOU DOCTOR FOR **PRESCRIBING** PRO-ACET . . .

I have never experienced such a profound sense of cleanliness."*

*Actual statement

PRO-ACET, the original liquid douche con-centrate with: DETERGENT ACTION (Sodium Lauryi Sul-fate, U.S.P.) BUFFERED PRECISE ACIDITY (Organic

PATIENT PLEASING RESULTS AND REASONABLE COST (3 cents a quart) CARBOHYDRATE RESIDUUM FOR DOEDERLEIN ENHANCEMENT

PRO-ACET cleanses the vaginal vault by dispersing mucus and cellular debris with superior wetting action for penetration. Clinically Tested Acid Detergent Douching. Detergents have been shown to have a "toxic action upon the bacterial protoplasm after it has penetrated" the cell.

Available in 6 and 12 oz.

Available snbothles.
Write for information about application of Pro-Acet in your examining

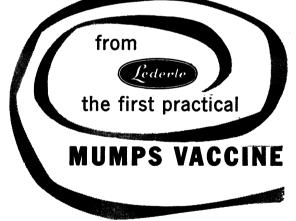
Samples Upon Request

Pro-Acet, Inc.

2830 Seminary Ave., Oakland 5, Calif.

DIRECTIONS: To prepare vaginal douche, add one teaspoonful of PRO-ACET Concentrate to each quart of warm water and MIX WELL.
Formula for Pro-Acet Concentrate: Citric Acid, 2.5%; Acetic Acid 4.0%; Lactic Acid 2.0%; Sodium Lauryl Sulfate 3.0%; Dextrose 5.0%; Lactose (beta) 2.5%; Sodium Acetate 2.5%; Sodium Acetate 2.5%; Methyl Parabin 0.2%; all chemicals U.S.P. in a solution of Distilled Water.

Devoe, R. W., & Footer, W., California Medicine, 80:300 (1954). Gershenfeld, Louis, and Milanick, Vera E., "Bactericidal and Bacteriostatic Properties of Surface Tension Depressants," Am. J. Pharm. teriostati 113:306.



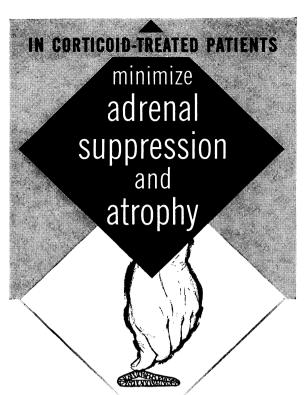
An effective immunizing antigen for prevention of mumps in children or adults where indicated. Immunizes for about one year.

Packages: 2 cc. vial (1 immunization)

10 cc. vial (5 immunizations)

LEDERLE LABORATORIES DIVISION

AMERICAN Gunamid COMPANY PEARL RIVER, NEW YORK



BY THE REGULAR PERIODIC USE OF

HP*ACTHAR*Gel

Stress of surgery, accidents or infections is magnified in patients treated with cortisone, hydrocortisone, prednisone or prednisolone. Adrenal steroids, even in small doses, jeopardize the defense mechanism against stress by causing adrenal cortical atrophy. Concomitant use of HP*ACTHAR *Gel* counteracts adrenal atrophy by its stimulant action on the adrenal cortex.

Dosage recommendations for supportive HP*ACTHAR Gel are, inject:

- 1 a. 100 to 120 U. of HP*ACTHAR *Gel* for every 100 mg. of prednisone or prednisolone.
 - b. 100 U. of HP*ACTHAR *GeI* for every 200 to 300 mg. of hydrocortisone.
 - c. 100 U. of HP*ACTHAR GeI for every 400 mg. of cortisone.
- Discontinue use of steroid on the day of injection.

*Highly Purified. HP*ACTHAR GeI is The Armour Laboratories brand of purified corticotropin.



A DIVISION OF ARMOUR AND COMPANY . KANKAKEE, ILLINOIS

Federal Medical Spending for Fiscal Year 1956

(Continued from Page 88)

time served notice that after calendar year 1958, the U. S. share cannot exceed one-third of the total assessments of active member countries. Currently U. S. is assessed one-third of all member nations, including nine Iron Curtain countries which make no contributions. WHO's membership now totals 85 countries, and last year the agency was sponsoring 329 health projects in 76 countries and territories. About 72 per cent of the WHO budget is for operating programs, 10 per cent for administration and salaries and the remainder for such items as expenses for holding meetings and to compensate for nonpayment by inactive countries.

The Pan American Sanitary Bureau is the regional operating agency for WHO and currently is sponsoring health programs in 21 Latin American countries and the United States. The U. S. share is two-thirds of the Bureau's \$2,100,000 budget.

DEPARTMENT OF LABOR (This Year: \$7,336,000—Last Year: \$7,171,856)

Under the Federal Employees' Compensation Act, approximately 2,300,000 federal workers are eligible for payments for medical and hospital care, rehabilitation services, disability and death, and funeral and burial expenses. The Department has set aside \$4,100,000 for treatment of employees by private physicians and hospitalization in private facilities, and another \$2,700,000 for services in federal hospitals and clinics.

The Bureau expects to spend about \$400,000 for promotion of industrial safety, and \$136,000 for reemployment programs of the physically handicapped. The Bureau develops standards for hazardous occupation, assists the states in accident prevention programs, and trains personnel for administration of such programs.

PANAMA CANAL ZONE (This Year: \$5,702,900—Last Year: \$5,800,503)

For hospitalization and medical treatment of Panama Canal Zone Government workers, their families and other residents of the Zone, a total of \$5,185,300 is scheduled for spending this year. Another \$517,600 is earmarked for public health activities, including sanitation and the health director's office. The zone maintains 4 hospitals with a bed capacity of 1,287, as well as two district clinics and 7 first aid stations.